## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10018925-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARA	ATUS F	OR MITIGATING ELECT	ROMAGNETIC WAVE	s				
the specification of wh	ich is a	ttached hereto unless t	he following box is ch	necked:				
( ) was filed on		as US Appli	cation No. or PCT Inte	ernational Application				
Number								
I hereby state that I h including the claims, a disclose all information	s amen	riewed and understood ded by any amendmer	the contents of the	above-identified specification,				
Foreign Application(s) and/or	Claim of	Foreign Priority						
I hereby claim foreign priorit inventor(s) certificate listed to a filing date before that of the	pelow and	l have also identified below a	any foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate having				
COUNTRY	T	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119				
				YES: NO:				
		· · · · · · · · · · · · · · · · · · ·		YES: NO:				
Provisional Application								
I hereby claim the benefit unbelow:	nder Title	35, United States Code Sec	ction 119(e) of any United	States provisional application(s) listed				
1		APPLICATION NUMBER	FILING DATE	$\neg$				
		With the second						
		- Alexander - Alex	· · · · · · · · · · · · · · · · · · ·					
U. S. Priority Claim			l					
APPLICATION NUMBER		ernational filing date of this a	STATUS (patented/pending/abandoned)					
		·						
		· · · ·						
POWER OF ATTORNEY: As a named inventor, I here business in the Patent and Tr	eby appo ademark	int the following attorney(s Office connected therewith:	and/or agent(s) to prose	cute this application and transact all				
Customer	Number	022879	Number Bar Code Label here					
Sand Carramandanas ta								
Send Correspondence to: HEWLETT-PACKARD COI			Direct Telephon	e Calls 10:				
Intellectual Property Adm	inistratior	n William J. Streeter						
P.O. Box 272400 Fort Collins, Colorado 80527-240		0	(970) 898-3886					
made on information a with the knowledge t	nd bel hat wil under	ief are believed to be Iful false statements Section 1001 of Title	true; and further that and the like so mad 18 of the United Stat	re true and that all statements t these statements were made de are punishable by fine or tes Code and that such willful t issued thereon.				
Full Name of Inventor: Euge	ene Art	hur Miksch	Citizenship: Uni	ted States				
Residence: 80	44 East	County Road 20C, Lov	veland, Colorado 805	37				
Post Office Address: 80								
	44 East	County Road 20C, Lov	veland, Colorado 805	37				
Inventor's/Signature	44 East thur	Musich	veland, Colorado 805	37				

Rev 05/03 (DecPwr)

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continu d)

ATTORNEY DOCKET NO. 10018925-1

Full Name of # 2 joint inventor:	Robert J. Blake	ely		Citizenshi <u>p:</u>	United States
Residence:	2224 Smallw	d Drive, Fort Collins	s, Colorado	80528	
Post Office Address:	2224 Smallw	d Drive, Fort Collins	s, Col rad	80528	
Molet J. M. Inventor's Signature	Elaly -		0-12-2	തദ	
Inventor's Signature			Date	-0.0	
Full Name of # 3 joint inventor:	:			Citizenshi <u>p:</u>	
Residence:					
Post Office Address:					
Inventor's Signature	<u> </u>				
Inventor's Signature			Date		
Full Name of # 4 joint inventor:	:		°	Citizenshi <u>p:</u>	<del>-</del>
Residence:					
Post Office Address:		<u></u>			
Inventor's Signature			Date		
Full Name of # 5 joint inventor	•		(	Citizenship:	
Residence:				<u> </u>	
Post Office Address:		70.04 A		· <del>-</del>	
Post Office Address:				<u> </u>	
Inventor's Signature		Ī	Date		
			•		
Full Name of # 6 joint inventor	:			Citizenship:	
Residence:					
Post Office Address:					•
			_		
Inventor's Signature			Date	-	
Full Name of # 7 joint inventor	:	<del></del>		Cittizenshi <u>p:</u>	
Residence:					
Post Office Address:					
Inventor's Signature			D-4-		
involutor o organization			Date		
Full Manager & M. C. C. C.			•		
Full Name of # 8 joint inventor	:		<del></del>	Citizenship:	
Residence:		<u>-</u>			
Post Office Address:		-			•
Inventor's Signature		<del></del>	Data		